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CHAPTER 280

Continuing Disability Review (CDR) Cases

This consolidation incorporates all transmittals through TN 17.

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CONTINUING DISABILITY REVIEWS

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AN PER TN 13
Processing of Lost Folders/Medical Evidence

Chapter 280 - Continuing Disability Review (CDR) Cases

Subchapter 01 - Introduction

The manual sections listed below in the left-hand column have been converted into the corresponding Program Operations Manual System (POMS) reference sections listed in the right-hand column. Each of the POMS references listed reflects the following information: POMS Part; POMS Chapter; POMS Subchapter; and POMS Section. Since most POMS chapters contain more than one subchapter, this conversion chart may reflect one or several subchapter numbers in the POMS Reference Column. Each subchapter number reflected in this column depends upon the placement of the converted material within the POMS chapter.

Use this conversion chart to locate former specific manual sections within POMS. For example: DI 00401.805 is now located in DI 28001.015.

Old POMS Disability Insurance (DI) Reference	***New POMS Reference***
00401.805	DI 28001.015
00401.844	DI 28001.020
00401.846	DI 28001.025
00401.851 A.	DI 28001.030
00401.852 A.	DI 28001.035
00401.860 A.	DI 28001.040
00401.875 A.	DI 28001.060
00401.880	DI 28001.045 DI 28001.050
00401.885	DI 28001.055
00401.890	DI 28001.065
A00401.801 A.	DI 28001.001
A00401.801 B.	DI 28001.035 B.
A00401.801 C.	DI 28001.070
A00401.812 D.	DI 28001.045
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28001.000 Introduction to the Continuing Disability Review (CDR) Process

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Benefit Continuation Provisions	28001.070

Introduction to the Continuing Disability Review (CDR) Process

NOTE: *The audience for all sections in this chapter is as follows: DO/BO/TSC—OS, RR; PSC—CRTA, DE, DEC, DTE, IES, RECONR; ODO—DE, DEC, DS, IS, ISTA, RECONE; INTPSC—CIES, ERE, FCR, FDE, RECONE; DDS—ADJ, DHU*

28001.001 What is a Continuing Disability Review (CDR)?

After an individual is determined to be disabled, we are required by statute to perform a review from time to time to determine if the individual continues to be disabled. To carry out this statutory requirement, a continuing disability review (CDR) will be conducted at selected intervals. The individual will be notified of the nature of the review and why it is being conducted. The individual will be notified that the medical improvement (MI) standard will apply and that medical and other evidence, as applicable, may be submitted for consideration during the review and that the review could result in the termination of benefits. The purpose of the review is to determine if a person's impairment(s) has improved since the most recent favorable determination (or if an exception to MI applies), and to determine if the person can perform substantial gainful activity (SGA). During the review, every effort will be made to develop a complete 12-month medical history and obtain current information about the disabled individual's physical and/or mental impairment(s) and any work activity. Different procedures apply in cases where MI was not expected (MINE cases) as discussed in DI 28040.000. Information concerning the individual's prior impairment(s) is reviewed in deciding whether the individual is still under the medical improvement review standard (MIRS) (see DI 28005.000 ff.). If an individual is found not to meet the disability eligibility criteria of the law, benefits and freeze periods must be suspended or terminated. If a determination is made that disability has ended and that benefits should be terminated, the individual will be sent notice of the cessation determination and given an opportunity to appeal and to request that benefits be continued during the appeal until the administrative law judge renders a decision. These procedures relating to continuing disability apply to both title II and title XVI unless otherwise noted.

Disability will cease only when, (1) There has been any MI (related to the ability to work) in the individual's impairment(s) or certain exceptions to MI apply, *and* (2) The physical and/or mental impairment(s), together with the vocational profile (i.e., age, education and work experience), where appropriate, does not prevent the individual from engaging in SGA. Also, irrespective of MI, where an individual has worked in accordance with the trial work period (TWP) provisions of the law (see DI 28050.001) and is engaging in SGA, disability will cease (except in certain title II or title XVI cases based on blindness or participants in title XVI work incentive project (SI 02302.001 ff.). Determinations on whether the individual is engaging in SGA are made by the local Social Security office.

Benefits will be stopped only when required by applicable law and regulations, and will be consistent with due process (DI 28080.001 ff.) and administrative procedures. Care will be exercised in fully developing and completely evaluating evidence for each person. Disability entitlement will continue for the month of cessation and the following 2 months.

Finally, it should be noted that certain CDR cases are subject to special development and processing requirements. Among these are lost folder cases; cases in which a permanent, severe impairment is present and medical improvement is not expected to occur (MINE cases); cases involving judicial decisions (Decision Review Cases); cases involving work activity during a trial work period; cases involving an extended period of eligibility (EPE) or other work incentive provisions; and cases which may involve VR participation, an individual convicted of a felony, or drug abuse or alcoholism. A separate subchapter has been devoted to the special handling of each of these categories of cases.

28001.005 Responsibilities of Various Components

Responsibility for identifying, developing and adjudicating continuing disability issues is shared by the district offices, the Disability Determination Services and the payment centers.

A. District Offices

Frequently the continuing disability (CD) issue will be raised by an individual's call or visit to a DO. It is important that the DO identify the type of continuing disability issue since the development and subsequent routing is governed by the issue involved. There are two types of continuing disability issues; possible medical recovery (with or without work activity) and work activity (with no medical issue).

When a CD issue arises, the district office will determine the status under title II and title XVI. If a title II beneficiary has title XVI eligibility (not denied or terminated) even though no title XVI payments are being made, a title XVI investigation of the CD issues will be made concurrently with separate title II and title XVI determinations.

If a title XVI recipient requests reinstatement of payments after a period of suspension for nondisability reasons, and there is a past due medical diary on the record, a CDR should be initiated as soon as payment has been resumed.

The DO has the following special responsibilities in title XVI CDR's: terminating title XVI payments; teletyping for title II terminations in concurrent title II/XVI cessations; preparing and releasing title XVI notices following a work CDR and updating of the SSR. Aside from the more obvious work issues, the DO should explore the possibility of a work issue when a report of earnings is made during a title XVI redetermination. DO personnel are responsible for

establishing title XVI work diary information. Be alert to situations where eligibility may continue under section 1619 or the individual may be eligible for a new period of disability. The DO is also responsible for issuing initial SGA and reconsidered determinations in title XVI and concurrent title II/XVI cases.

B. Disability Determination Services

Medical development of continuing disability cases is the responsibility of the DDS because they are especially equipped to obtain specific medical information and can pinpoint the development of clinical and laboratory evidence in light of the information already in the file. The DDS will request DO assistance when required. The DO or ODO/PSC-DRS sends the case to the DDS of the State in which the individual is known to reside at the time of the current transmittal to the DDS. If the DDS finds the individual has moved to another State, the DDS which received the case may transfer it to the other DDS. To effect this transfer, the DDS will complete any development which is started before learning of the individual's new residence. It transmits the case to the DDS of the State in which the individual is actually residing for a determination as to the continuance or cessation of disability or blindness, or continuance or cessation of impairment severity in EPE cases and unique title XVI cases, (e.g., cessation with a new period of disability) in post-EPE 1619 cases. If a cessation determination is made by a State other than the State of conversion in a nonrollback conversion case, the DDS should route the folder to the State of conversion for consideration under the State plan (DI 21500.001). (In EPE cases, disability may have previously ceased because of SGA.) The DDS will notify DO/ODO/PSC-DRS of the folder transfer and of the need, if any, to suspend benefits.

C. Office of Disability Operations

CDR's are initiated in ODO as a result of earnings postings, voluntary reports, scheduled MIE, or MIP, or MINE diary alerts. ODO examines all information which raises a question of possible medical recovery or indicates an ability to work and screens out cases in which a CDR is not required. ODO/PSC-DRS may review DO and DDS determinations and, when appropriate, recommend further development. Under the ACID (Automated Continuing Investigation of Disability) program, ODO can establish title II trial work diaries, MIE diaries, MIP or MINE diaries, enter elapsed months of work in the TWP, and followup through the DO and DDS on all diaries. On each outstanding diary, ACID will generate periodic followup alerts which ODO will forward for subsequent action.

D. Disability Review Section

The Disability Review Section (DRS) (formerly TAS) reviews PSC jurisdiction cases, e.g., DIB over 58, DWB and CDB, applying the same kind of disability review functions as do ODO examiners. In addition, DRS has jurisdiction of title XVI only cases, which are assigned by SSN corresponding to the respective PSC. DRS initiates medical and trial work investigations for both titles II and XVI. Investigations are a result of establishing MIE, MIP, MINE, TWP diaries or reports of medical improvement or work activity. DRS makes development requests, as needed to the DO or DDS for additional evidence. In addition inputs are made to ACID (title II) and to the SSR (title XVI) by DRS to establish and cancel MIE, MIP, MINE, TWP diaries (title II only).

E. INTPSC Foreign Disability Claims

Foreign disability claims are under the jurisdiction of the International Program Service Center (INTPSC). Development in these cases is obtained through the Foreign Service Posts (FSP's). INTPSC has responsibility for the disability determination for title II claims filed by or on behalf of individuals living outside the 50 States, District of Columbia, Puerto Rico, and Guam. Where the individual resides in the United States (U.S.), the DDS serving the individual's latest address has responsibility for the determination in initial and continuing cases. Therefore, where the individual resides in the U.S., CDR development will be initiated through the DO that is the servicing office for the U.S. resident.

When a CDR is necessary for a U.S. resident, INTPSC will request the appropriate DO to obtain the SSA-454BK; conduct a face-to-face interview; have the individual complete the required SSA-827's and forward the folder to the DDS.

When the DDS completes its action, the folder is returned to INTPSC.

NOTE: *Individuals residing in foreign countries will generally not receive a face-to-face interview. However, when a foreign claimant is interviewed in a U.S. district office, a face-to-face interview will be conducted. A foreign individual may visit a U.S. office, or, frequently Canadian or Mexican residents will come into a border DO. In these situations, the DO will offer all necessary assistance and conduct the face-to-face interview.*

F. Disability Quality Branch (DQB) Responsibilities

The DDS's will send samples of CDR medical determinations to the DQB for quality analysis. The DQB will also collect specified medical and work activity data to provide management information regarding program trends and needs. On occasion, the DQB may request field office assistance, especially on SGA issues.

28001.015 Events Which May Initiate a CDR

In general, the following events prompt a CDR in both title II and title XVI claims:

A. Medical Improvement Expected (MIE) Diary

A medical review is scheduled when the individual's impairment(s) is expected to improve.

B. Medical Improvement Possible (MIP) Diary

A medical review is scheduled when improvement in the individual's impairment(s) is possible but cannot be predicted.

C. Medical Improvement Not Expected (MINE) Diary

A medical review is scheduled when improvement in the individual's impairment(s) is not expected.

D. Current Evidence Required

Current medical or other report is needed to determine if the individual's disability continues. For example, advances in medical technology and vocational therapy or technology for a particular impairment(s) raise a disability issue.

E. Trial Work Period (TWP) Diary

When the individual completes a TWP it is necessary to investigate all work (including work performed during the TWP) to determine whether the work activity indicates a continuance or cessation of disability.

F. Vocational Diary

A review is scheduled when the individual is undergoing vocational therapy, training or an educational program.

G. The Extended Period of Eligibility (EPE)

A report of work activity, increased earnings and/or responsibilities, or impairment related work expenses during the EPE may indicate medical improvement or the acquisition of vocational skills which, in turn, may require a CDR. If earnings fall below SGA, see DI 13010.210 M.

H. Earnings Report

Earnings in excess of a specified amount which may indicate SGA are posted to the individual's social security record after the established onset date (EOD). Earnings posted for the year of onset will not initiate a CDR.

I. Voluntary Report

The individual notifies SSA (in writing or orally) that there has been recovery from the disability or a return to work.

J. Vocational Rehabilitation (VR) Notices

The VR Agency notifies SSA that the services rendered have been completed, the individual is now working or is able to work.

K. Third Party Report

Someone in a position to know of the individual's physical or mental condition tells SSA that the person is not disabled, is not following required treatment, or has returned to work or is failing to follow the provisions of the Social Security Act and it appears the report could be substantially correct.

L. Additional Evidence Received

Medical or other evidence received in connection with a new claim filed by the individual (title II-title XVI, DIB-CDB, DIB-DWB) or an existing claim may raise a question as to whether disability continues on any other claim. However, in and of itself a subsequent application does not raise a CDR issue.

M. Dual Entitlement Situations

Evidence received during a CDR which results in cessation on one claim automatically raises a CD issue on any other type of benefit to which the individual may be entitled (title II-title XVI, DIB-CDB, DIB-DWB, etc.).

N. Title XVI Redetermination Lead

Information concerning an individual's disability secured in response to specific questions during a title XVI redetermination may indicate that a CD issue exists.

28001.020 Frequency of Disability Reviews

A. Medical Improvement Expected

Generally, review of an individual with impairments expected to improve will be scheduled at intervals from 6 to 18 months following the most recent decision that the individual is disabled or that disability is continuing.

B. Medical Improvement Not Expected

Reviews of an individual with an impairment not expected to improve will be scheduled no less frequently than once every 7 years but no more frequently than once every 5 years.

C. Medical Improvement Possible

Reviews of an individual with an impairment in which any improvement is possible, but which cannot be accurately predicted within a given period of time (as in A. above), will be scheduled at least once every 3 years.

D. Review After Administrative Appeal

If an individual is found eligible to receive, or to continue to receive disability benefits on the basis of a decision by an administrative law judge, the Appeals Council or a Federal court, a CDR will not be conducted earlier than 3 years after the decision unless reviews are scheduled because medical improvement is expected or a question of continuing disability is raised pursuant to DI 28001.015 above.

E. Vocational Reviews

Reviews of an individual undergoing a vocational program will be scheduled for the length of the training, therapy or program of education.

F. Unscheduled Reviews

Regardless of an individual's medical classification, a CDR will be conducted immediately if a question of disability is raised by any of the events in DI 28001.015.

28001.025 The Relationship Between Continuing Disability Reviews

A. Medical Improvement Expected (MIE)

These reviews apply to individuals with impairments which, at the time of initial entitlement or after further review, are expected to improve sufficiently so as to permit the individuals to engage in SGA. These re-

views are also applicable to those disabled widows and title XVI disabled children whose impairments are expected to improve to the extent they no longer meet or equal a medical listing.

B. Medical Improvement Not Expected (MINE)

These reviews apply to individuals with impairments at initial entitlement or after further review in which any improvement is not expected. These are extremely severe impairments shown, on the basis of administrative experience, to be at least static but more likely to be progressively disabling of themselves or by reason of impairment complications. Improvement so as to permit the individuals to engage in SGA is unlikely. The interaction of the individual's age, impairment consequences, and the lack of recent attachment to the labor market may also be considered in determining whether an impairment is expected to improve.

C. Medical Improvement Possible (MIP)

These reviews are applicable to individuals with impairments at the time of initial entitlement or after subsequent review in which any improvement is considered possible. In these cases, improvement may occur to permit the individuals to return to SGA, but improvement cannot be predicted with accuracy based on current experience and the facts of the particular case. Such impairments are not at the level of severity of impairments in which improvement is not expected.

D. Medical Reviews and the Trial Work Period

Medical improvement possible (MIP) and medical improvement not expected (MINE) diaries are different from medical improvement expected (MIE) diaries. MIE diaries are established in cases based on anticipated medical improvement that will likely result in termination of entitlement after completion of a medical CDR.

Therefore, when work activity is reported in a case in which a MIE diary is established, a medical/work CDR will be initiated because medical improvement was expected. If the medical review indicates the individual is working despite a severe impairment, and if the earnings reflect service months, a TWP diary will then be established.

When work activity is reported in a case in which a MIP or MINE diary has been established, a medical CDR will not be initiated because medical improvement was not expected or, though possible, could not be predicted. In such cases, a TWP diary will be established without medical review.

If a MIP or MINE case is received in the DDS in which a TWP diary is scheduled for the future, the case will be sent to ODO/DRS (title XVI to DO) via an SSA-408 with the explanation 'Future TWP Review Scheduled—Medical CDR not necessary at this time. Input necessary.' If the TWP diary has already matured, the case will be sent to the DO. If work activity is discovered by the DDS after medical development has been initiated, development will be discontinued. A medical determination will not be processed. Instead, the case will be sent to the DO via an SSA-408 with the remark 'Develop work activity and establish TWP if appropriate—Medical CDR not necessary at this time. Input necessary.' If appropriate, the case will be returned to the DDS at the expiration of the TWP to determine if impairment severity continues for 1980 amendment work incentive purposes, e.g., EPE, extended Medicare coverage.

E. Vocational Reviews

These reviews apply to individuals who are in vocational therapy, training or other educational programs at the time of initial or CDR decisions to determine if the programs have benefited the individuals by enhancing their ability to work so that the disability requirement of the law is no longer met.

F. Change in Classification of Impairment

If evidence developed during a CDR demonstrates that the individual's impairment has improved, is expected to improve or has worsened since the last review, the impairment will be reclassified to reflect this change in severity. A change in classification will change the frequency of future reviews. Certain impairments may be reclassified because of improved tests, treatment and other technical advances concerning those impairments.

28001.030 Trial Work Period (TWP) Cases

The law provides a TWP for persons determined to be under a disability. The trial work provision is intended to give a disabled individual an opportunity to test his/her ability to work and hold a job. The individual may render services in as many as 9 calendar months (not necessarily consecutive) during which the work, regardless of its magnitude, will not be used as a basis for determining that disability ceased.

Services is defined as (1) work activity in employment performed for remuneration or gain, amounting to more than $50 before 1979 and more than $75 after 1978, either in cash or kind, or (2) work activity in self-employment for which net earnings in a calendar month are more than $75 a month or the self-employed person spends more than 15 hours in that month in work activity.

Not until after 9 months of services will the work be considered in determining whether there was demonstrated ability to engage in SGA. After the end of the TWP any work (including the services rendered during any of the 9 months) may be considered in determining whether the individual is able to engage in SGA any month thereafter.

28001.035 Work Incentive Provisions

A. Extended Period of Eligibility (EPE) Cases

To encourage disabled persons to attempt to work, Congress enacted the 1980 Amendments (Public Law 96-265). The amendments provide an EPE, under titles II and XVI, to persons who complete 9 months of trial work and continue to have a disabling impairment. The EPE begins with the month immediately following completion of the 9th month of trial work. It continues for at least 15 consecutive months and then ends with the month preceding the termination month. In most cases the termination month is the first month of SGA after the 15-month period. In some title II

cases the termination month is the third month after the first month of SGA after the 15 month period. If a person's payments stop because disability has ceased due to work activity and subsequently, but within the EPE, his or her earnings fall below SGA, he or she is reentitled to benefits. A new application and disability determination are not required to reinstate payments in these cases.

The amendments do not change the definition of disability. Persons will continue to be eligible for payments as long as they continue to meet the definition of disability. The amendments do not limit the payment of DIB after disability ceases. A person whose disability ceases will still be eligible for payments for the month of cessation and 2 additional months. The main effect of the amendments is that they permit the reinstatement of benefits to persons whose disability payments stop because of their work activity after the 9 TWP service months. If such persons continue to have a disabling impairment and earnings fall below SGA for any reason with the EPE, payments can again be made.

The amendments described above are applicable to persons whose disability has not ended before 12/1/80. Where a determination is made after 12/1/80, that a person's disability ended before that date, such a person would not be covered by the new amendments. Counting of the 15 month period will not begin earlier than 12/80, even if the TWP ended before 12/80 and disability continues.

B. Title XVI 1619 Cases

Section 1619(a) of the Social Security Act provides special SSI cash benefits to individuals who would lose eligibility for SSI payments under the regular rules *because they engage in SGA*. The person must continue to be severely impaired and meet all other eligibility rules. Special SSI cash benefits are not payable to people who can receive a regular cash payment. To get the first month of special SSI cash benefits, the person must have been eligible to receive a regular SSI cash payment in the prior month. Then, special benefits may be paid for consecutive months until the individual becomes eligible again under the regular rules or is otherwise ineligible. Even if an individual loses his/her cash benefits because countable income exceeds the Federal benefit rate plus the State supplement, if any, the individual may be eligible for continued Medicaid coverage under section 1619(b), if he/she continues to work. To qualify for extended Medicaid coverage under section 1619(b), a person must have a disabling condition, need Medicaid in order to work, not be able to afford equivalent medical coverage without assistance, and must meet certain other requirements. The provisions of section 1619 are explained in more detail in SI 02302.001 ff.

28001.040 Cases with Vocational Rehabilitation (VR) Involvement (301 Cases)

Section 301 of the Social Security Disability Amendments of 1980, P.L. 96-265, provides that in certain disability cases wherein disability ceases in December 1980, or thereafter, payment may continue after the physical and/or mental disability ceases, if the beneficiary/recipient is participating in an approved State VR program. In addition to payments to the beneficiary/recipient and any auxiliaries, hospital insurance benefits, State services, Medicaid, and State supplementation, when applicable, will continue until the objective of the VR program is reached or the beneficiary stops participating. This provision is applicable to DIB, DWB, CDB beneficiaries, career railroad workers or RRB annuitants, and title XVI recipients except blind recipients.

28001.045 Nonrollback Conversion Cases

Section 1614 of the Social Security Act provides that an individual shall be considered to be disabled or blind for title XVI purposes if he/she is permanently and totally disabled or blind as defined under a State plan, approved under title X, XIV, XVI, as in effect for 10/72, received aid under such a State plan (on the basis of either disability or blindness) for 12/73 and for disability cases, received aid for at least 1 month prior to 7/73.

Section 1614 further provides that individuals who meet these criteria will continue to be disabled or blind for title XVI purposes so long as they are continuously disabled or blind as defined by the State plan under which disability was originally established. The Federal criteria (including medical improvement and its exceptions) will be considered first, the MIRS will then be considered with respect to the State plan criteria.

A nonrollback conversion recipient who has been ineligible because of an event unrelated to disability may, upon removal of such an event, reestablish title XVI eligibility on the basis of meeting the State plan criteria so long as he/she has been continuously disabled, as defined by the State plan, since December 1973. *If a Federal decision has been made during a prior CDR, the case should still be evaluated under the State Plan if the current CDR shows the recipient no longer meets the Federal criteria.*

28001.050 Rollback Conversion Cases

Those individuals who were eligible for State APTD or AB in December 1973, but who did not receive aid for at least 1 month prior to July 1973 (i.e., rollback cases), are to be evaluated solely under the Federal definition of disability and blindness.

28001.055 Cases Involving Blindness, Title II

Title II CDR blindness cases will be referred to the DDS only if the issue to be resolved is whether the individual is blind or whether blindness, previously established, continues.

Issues involving work activity by blind persons will ordinarily be resolved by district offices or ODO/DRS. Comparability of work issues will be resolved, in CDR blind cases, by ODO/DRS.

28001.060 Cases Involving Individuals Convicted of a Felony (Prisoner Cases)

P.L. 96-473 and P.L. 98-21 place restrictions on certain title II individuals convicted of a felony. If a CDR case has been identified as a prisoner case, or if during a CDR it is discovered for the first time that an individual is confined or that the exclusions in the prisoner provisions may be applicable, the policy described in DI 23520.000 ff. is pertinent and should be applied. A CDR is necessary when a medical diary matures, a case is selected for periodic or sample review, or an event raises a disability issue even though the beneficiary has been placed in nonpay status because of confinement.

Some prisoners may be eligible for payment of benefits if they are participating in a court-approved rehabilitation program (see DI 23520.000 ff.). The instructions therein apply also when CDR's are conducted on these known prisoner cases. DO's obtain information about rehabilitation. ODO determines eligibility for payment. ODO examiners will request CDR's in rehabilitation issue cases when there has not been a CDR within 2 years and the impairment is not permanent.

28001.065 Reestablishing Title XVI Eligibility Following Suspension or Termination for Nondisability Reasons

Where a person's prior title XVI eligibility was suspended because of a nondisability reason, and it is found when payment reinstatement is requested that the nondisability suspension no longer applies, a continuing disability review and determination will be necessary only if an event which raises a CD issue occurred after the last disability determination was processed. If the event which occurred raises a medical issue, the case will be forwarded to the DDS for appropriate development and a CD determination.

The DDS will also receive cases where the payments, previously suspended on a whereabouts unknown basis, were reinstated, but in which a CD issue is still outstanding. (Suspension for whereabouts unknown, exception S08 (rep payee), are terminated after 12 consecutive suspension months effective 9/4/79.) A CD determination is required to resolve any medical improvement issue that may have occurred since the last determination.

28001.070 Benefit Continuation Revisions

In addition to requiring application of a medical improvement standard for cessations, Public Law (P.L.) 98-460 extended the benefit continuation provision contained in a prior law (P.L. 97-455) for title II cases. Under benefit continuation, an individual whose disability is ceased for medical reasons may elect to continue to receive benefits and Medicare coverage, if applicable, or Medicare only while appealing the medical cessation through the administrative law judge (ALJ) hearing level. This provision was originally effective for title II medical cessation determinations made after January 11, 1983, (or which were pending administrative review on or after January 11, 1983) and prior to December 7, 1983, in which the determination found the physical or mental impairment(s) to have ceased, not to have existed, or to no longer be disabling. Title II continued benefits could be paid effective January 1983 (February check) through June 1984 (July check).

P.L. 98-460 extends the effective dates of the benefit continuation provision to title II medical cessation determinations made prior to January 1, 1988. Title II continued benefits may last be paid for June 1988. This law also brings title XVI medical cessation cases under statutory benefit continuation provisions effective for benefits beginning November 1984, the month after enactment. For title XVI (and concurrent title II/XVI) cases, benefit continuation is a permanent provision. *Goldberg v. Kelly* procedures continued to apply to payments for title XVI and concurrent title II/XVI cases through October 1984.

28003.000 Resumption of the CDR Process

	Section
Background	28003.001
Initiation of the CDR	28003.005
Deferrals	28003.010
CDR Categories and Subcategories	28003.015
Processing Previously Ceased Cases that Were Pending in the Appeals Process in October 1984 (02—Benefit Continuation)	28003.020
Processing Reopened Mental Impairment Cases (08)	28003.025
Processing Uneffectuated Cessation Determinations (Administrative Error)	28003.030
Exhibits	28003.035

Resumption of the CDR Process

28003.001 Background

In April 1984, the Secretary stopped periodic continuing disability reviews (CDRs) and in October 1984, all remaining medical CDRs were suspended until Public Law (P.L.) 98-460 could be effectively implemented. The Medical Improvement Review Standard (MIRS) regulation was published on December 6, 1985 and the CDR process resumed. Because of the moratorium on all medical CDRs, there are many cases that are in various stages of the CDR process. Public Law 98-460 also requires review of certain prior CDR decisions. Most will follow the normal CDR process, however, some will require special handling.

The five major categories of cases to be reviewed using MIRS are listed on the SSA-5526-U2-OP2 (Exhibit 1) and SSA-847-U2 (Exhibit 2). These forms are used to route folders from the processing centers (PCs) to the field offices (FOs) and the disability determination services (DDSs). This transmittal briefly describes the cases included in each category, including the subcategories as shown on the routing forms. Processing instructions are included for cases in which normal CDR processing does not apply. For example, medical improvement expected (MIE) cases that were pending an appeal on October 9, 1984, will receive an initial CDR determination by the DDS, but will be processed as a CDR reopening in terms of affirming or reversing the original cessation date. When appropriate, POMS references are given if special processing instructions apply, e.g., instructions for certain decision review cases.

A case may fall under more than one category, e.g., a reopened mental impairment case may also be an unnamed class member.

The case will be selected and released based on established priorities. Using the example of a case that is both a reopened mental impairment case and an unnamed class member, the case would be selected and released to the DDS as a decision review (DR) case. A thorough review of each case is required to ensure that all applicable instructions are followed. The primary objective in such situations is that the individual is not disadvantaged; i.e., that the case be reviewed under the process that is most advantageous to the beneficiary.

28003.005 Initiation of the CDR

The CDR alerts will be generated by the new Automated CDR Resumption Operation System (ACDRROS) which provides flexibility in the volume of cases selected in a given month, by category, on a state-by-state basis. All cases which were affected by the moratoria may be alerted by ACDRROS. Only one alert will be generated for cases falling in more than one category, based on established priorities. See SM 00625.006 C.5.b.ff for a more detailed discussion of the case selection system and exhibits of the ACDRROS alerts. See Exhibits 3A-3G for interim alerts based on a manual selection system used for month 1 releases.

The PCs will process the alerts in accordance with existing instructions. The folders will then be released to the FO for a face-to-face interview or to the DDS depending on the review category. See DI 28003.015.

The DDS will use the same screening criteria shown above before proceeding with the CDR. Return cases screened out to the appropriate PC and indicate the reason for the return on the route slip.

A. Screen out the following cases:

1. W/E is age 61 1/2 years of age (64 1/2 if an optional diary was established),
2. CDRs where there is also entitlement to Part B black lung benefits,
3. Career railroad cases. Route to GLPSC/DRS for processing and coordination with the Railroad Board. Process noncareer railroad cases following normal procedures.
4. Foreign claims cases. INTPSC will initiate and conduct CDRs in accordance with locally prepared instructions based on national guidelines.
5. Any case where there has been a CDR periodic review or the last medical determination, initial or CDR, was made within 3 years in MIP cases or 5 years in MINE cases.
6. AIDS cases. Program experience has shown that medical recovery is not expected in AIDS cases. Therefore, a 3-year periodic review diary will be established on these cases (see DI 24515.040).

   An attempt was made to cancel the MIE diaries that were established. However, all of them may not have been cancelled. Therefore, if an AIDS case is received for a CDR, do not contact the beneficiary. The case should be screened out and sent to:

   Office of Medical Evaluation
   2030 Dickinson Building
   6401 Security Boulevard
   Baltimore, Maryland 21235

B. Routing

   The regional office (RO) will establish the routing of CDRs in states where the DDS is decentralized, i.e., to the decentralized DDS or the servicing DDS. ODO/DRS and the FOs will route CDRs to the RO designated DDS.

   Include "DRS" in the address on the route slip when examiner action is required on a program service center (PSC) jurisdiction case, e.g., SEPSC: ATTN: DRS or INTPSC: CDB. If DRS has a mailing address different from the PSC, mail the case(s) to the DRS address. Failure to do so may result in a delay in processing or in the folder bypassing DRS completely and being sent to files.

28003.010 Deferrals

In the past, certain situations were identified which fell into a category known as curtailment cases. A CDR determination was not made on these cases and they were diaried for future recall. This policy no longer exists.

The agency's policy is to complete a CDR on every case.

A. It is recognized that it may not always be possible to immediately complete a CDR. Such a CDR may be deferred, if it falls into one of the following categories:

1. Reasons unrelated to the diability, e.g., weather, travel, hospitalization (short duration); or
2. Life threatening situations (but only upon regional office approval. See DI 28075.500).

In any other case that the DDS believes should be deferred the DDS will telephone or refer the folder to the regional office for guidance.

When development can be expected to be completed within 2 months, the DDS will retain the folder. All other cases should be returned to ODO/PSC-DRS. In these cases, the DDS will include a specific diary date, not to exceed 6 months. Annotate in red on the bottom of the SSA-847-U2 "Deferral for Life Threatening Situation Regional Office Approval Received on (date)."

B. Contact With the Treating Physician Prior to the DO CDR Interview

Generally, the CDR begins with an FO face-to-face interview with the disabled individual/payee. However, under an optional CDR procedure applicable only in potential suicide/homicide cases, the FO may decide that in certain cases a contact should be made with the treating physician before the interview to determine if the physician can furnish information on the way the individual may react to the CDR. Regional policy will establish whether this contact is to be made by the FO or a DDS physician. The procedure is not mandatory. The FO will forward the folder to the DDS if (1) the name of the last known treating physician (not a non-physician treating source) is in the folder, (2) after a review of the evidence the FO decides to follow the optional procedure, and (3) regional policy calls for the contact to be made by the DDS physician.

The DDS's inquiry to the treating physician should be clear and concise, similar to the example below, and released with the confidential cover sheet, SSA-1994.

Example:

Our records show that you were the treating physician for (HA's Name) in (date). (HA Name) case is now scheduled for a continuing disability review. Because of the individual's past medical history, if you continue to treat the individual, we need your assessment as to what impact the initial interview and subsequent contacts by SSA or State agency employees might have on (HA's Name) mental status or suicidal/homicidal potential. Please respond as soon as possible.

The DDS should check the second block on Form SSA-1994 and followup with the treating physician if no response is received within 10 days. During any telephone contact with the treating physician, the DDS must emphasize that the inquiry is based on SSA's concern for the individual's health and well being.

If the physician states he cannot make this judgment, the DDS will return the folder to the FO to proceed with the CDR in the usual manner. If the physician says he is no longer the treating physician for the identified individual, the DDS should make one attempt to contact a family member or community representative identified in the case folder as having close contact with the individual. The DDS should limit the second effort to an attempt to identify the individual's current treating physician. If identified, write to this physician. Otherwise, no further attempts should be made and the folder should be returned to the FO to schedule the face-to-face interview.

If the treating physician indicates that the face-to-face interview would have negative effects on the individual's mental health and/or increase suicide/homicide potential, the DDS should document the case file, and contact the regional office for guidance. In life threatening situations consideration should be given to deferring the CDR.

The face-to-face interview will be scheduled by the FO and the case processed as usual under the following circumstances:

1. If the physician states that there is no current threat of suicide/homicide potential, or
2. The physician refuses to provide an opinion on the individual's suicide/homicide potential, or
3. The physician states that the individual is no longer a patient and is not aware of a current treating source.

In all circumstances, assure that the case folder is fully and accurately documented before returning the folder to the FO.

28003.015 CDR Categories and Subcategories

The SSA-5526-U2-OP2 and SSA-847-U2 have been revised to correspond to newly established CDR categories and will be used to route medical CDRs to the field for processing. The following sections explain each category and provide either cross-references to the appropriate POMS sections or additional processing instructions.

A. Improvement Expected (MIE)

☐ 01. MRED

This block will be checked when an established MIE, (formerly medical reexamination), diary has matured. These diaries are established when the individual's impairment is expected to improve and, generally, are set to mature from 6 to 18 months following the most recent decision. Our goal is to be current with the backlog of MIE cases within 24-36 months. State variations will be based on State backlogs. A system has been established which will select the oldest diaries to be worked first.

☐ 02. Benefit Continuation

These are cases where a cessation determination was made, the individual filed an appeal and may have elected to receive benefit continuation pending appeal. No decision has been made on the latest appeal due to the imposition of the CDR moratorium in October 1984. These cases are thus still "administratively active" and most are in benefit continuation status. See DI 28003.020 for processing guidelines.

B. Improvement Possible (MIP)

☐ 03. Periodic Review (PR)

This category represents cases subject to the 1980 Disability Amendments requirement that all disability claims be reviewed at least once every 3 years when improvement in the individual's impairment is possible but cannot be predicted.

☐ 04. PR Moratorium (April 1984)

This category includes several subcategories. They are:

1. Rescinded decision cases

   These cases include approximately 40,000 cessation decisions which were officially "rescinded" as a result of the Secretary's periodic review (PR) moratorium of April 13, 1984. The FO will conduct a regular face-to-face interview, i.e., complete the SSA-454-BK for the 12 month period preceding the date of the interview.

   Prepare a new initial CDR determination after consideration of evidence in file. The rescinded decision is not the comparison point decision (CPD). Because the prior cessation determination was rescinded, the CPD or last favorable medical determination is the initial allowance or prior continuance which preceded the rescinded decision. (See DI 28010.105 for a complete discussion of determining the CPD.) If a medical cessation determination is prepared, all appeal rights apply including the right to elect benefit continuation (see DI 28080.100 ff.).

2. MIEs erroneously identified and processed as PR moratorium.

   When the PR moratorium was implemented, approximately 1,500 medically diaried cases were erroneously processed as part of that moratorium. Process these cases as PR moratorium cases regardless of the reason for the prior review.

3. Other PR moratorium cases

   Also included in the 04 category of review cases are those that were in various stages of the CDR process, e.g., individual contact made by FO regarding face-to-face interview, medical development initiated and developed to the point of a cessation but the cessation decision was not input into the system because of various State or parent agency moratoria on CDRs. These cases can be identified by listing codes 100 to 105 and will be selected as a part of the MIP workload.

☐ 05. Listed Mental (includes functional psychotic)

The Secretary implemented a moratorium on June 7, 1983, on the review of individuals classified as having functional psychotic disorders. This includes all cases alerted for PR which had a diagnosis of functional psychosis, as well as those cases identified through a screening process in central office, which also had a diagnosis of functional psychosis. (Cases which were in the appeals process on June 7, 1983 were worked to completion).

C. Decision Reviews

☐ 06/07. Named and Unnamed Litigants

Public Law 98-460 specifies that SSA must use the legislated MIRS to review the prior CDR decisions for named litigants and members of medical improvement class action law suits which were pending on September 19, 1984. This category is not considered to be a CDR but a review of a prior cessation determination. Because the focus is on cessations which have already occurred and because this is a one-time workload, a special process has been developed for the review of these cases. These cases will be counted separately from the regular CDR workloads. Refer to DI 32541.000 and DI 32542.000 ff.

☐ 08. Reopened Mental Impairment Cases

Public Law 98-460 requires that certain cessation cases be reopened for purposes of applying the new mental rules, i.e., all unfavorable CDR cases involving mental impairments on which a timely appeal was pending on or after June 7, 1983, or any medical cessation involving a mental impairment at any level (including a Federal court) rendered October 10, 1984, or later. Since we were not processing cessations during this period, there should be only a few of these cases. Because these cases are prior cessations, the MIRS will also be applied. The number of cases in this category nationwide is about 5,000.

Although these cases fall under the general heading of decision reviews, they will be sent directly from ODO/DRS to the FO before routing to the DDS. We are required to do a face-to-face interview on all these cases prior to the DDS determination so that the medical evidence can be updated for consideration under the new mental impairment regulations. See DI 28003.025 for processing instructions.

NOTE: *If a case is both a mental impairment reopening and a court case, it will be released as a court case decision review.*

D. Improvement Not Expected (MINE)

☐ 09. PD (Listed)

This category represents cases with impairments not expected to improve that were identified through a screening process from the universe of periodic review and listed for ready identification. These cases are to be reviewed once every 5 to 7 years. Because medical improvement is not expected, a modified CDR process will be used. Processing instructions are in DI 28040.000 ff.

Do not conduct a CDR for any case that has been reviewed under the periodic review provisions until further notice. Return the folder to ODO/DRS indicating on route slip the reason for return.

☐ 10. PR

This block will be checked by the PC when a MINE case is identified from the remaining universe of PR cases that were never selected for review.

E. Other

☐ 11. Court Cases

Court cases, other than those where review is mandated pursuant to Section 2(d) of P.L. 98-460, will be included here. Processing instructions are in place for each court case involved and are located in DI 32500.000 ff.

☐ 12. EPE

Included in this category are:

1. Current extended period of eligibility (EPE) cases and,
2. The backlog of EPE cases which require an impairment severity determination.

The backlog of EPE cases were listed for ease of identification when the moratorium on medical determinations was lifted. The PC will prong file the EPE alert (Exhibit 3G) and route the folder via SSA-5526-OP-U2 to the FO for a face-to-face interview. The FO will send the appropriate come-in letter and conduct the face-to-face interview. An SSA-454-BK will be secured covering the past 12 months, if not already fully covered in the file. In addition, an SSA-820-F4 and an SSA-821-F4, to update the work history from the date of the SGA determination to present, will be obtained during the interview.

Prepare a current initial impairment severity determination on each case and process following normal EPE instructions for current EPE cases and the backlog of EPE cases (see DI 28055.000 ff).

☐ 13. Miscellaneous

This block will be checked when a CDR is initiated for a reason other than those shown above, e.g., third party reports, voluntary reports of work or medical improvement, VR reports, etc., as listed in this section. The PC will annotate the SSA-5526-OP-U2 or SSA-847-U2 with the reason for the review.

28003.020 Processing Previously Ceased Cases That Were Pending In the Appeals Process In October 1984 (02. Benefit Continuation)

"Benefit Continuation" cases will be processed as *initial CDRs*, regardless of the level of appeal pending at the time of the moratorium. The FO will obtain an updated SSA-454-BK, medical releases and any other required development. The period covered by the SSA-454-BK will be from 12 months prior to the last cessation determination through the present. Prepare an SSA 833-U5/SSA 832-U5 determination to affirm, revise or reverse the prior determination. If disability has ceased after applying MIRS (the CPD will be the last favorable decision), affirm the prior cessation date, establish a later cessation date or revise the prior determination as indicated by the evidence. The notice must include the right to appeal to a reconsideration hearing and the right to elect benefit continuation during appeal. Even though the prior decision is being reviewed, the case will follow initial case processing.

If, at the time of the FO interview, the individual claims his/her impairment worsened, or a new disabling impairment developed after the cessation date, the FO will secure an application for a new period of disability which will be placed in the folder. If the cessation is affirmed, advise the FO by telephone so that insured status and all necessary actions applicable to the new claim can be developed before medical development is undertaken on the new claim.

28003.025 Processing Reopened Mental Impairment Cases (08)

Most States have made great strides in bringing their mental caseload under control. However, it may be necessary to assure that additional burdens do not overtax the State psychiatric resources. A twofold strategy to address mental impairment CDR's involving central office and regional offices has been developed and is outlined below.

A centralized screenout of functional psychotic cases has been arranged for all States for Month 1 through Month 3 folder releases. This will result in no functional psychotic CDRs in the MIE or MIP categories being released until at least April 1986.

We will, however, have to release the approximately 5,000 mental reopening cases in the DR category because these were earlier cessations and most are not in benefit continuation. Therefore, the individual may be entitled to retroactive benefits. These cases will be released in a special mailing of folders, but only after contact with the regions to provide exact numbers by State and to establish appropriate release timing. These cases will be deducted from the following month DR release count.

Some States may still have backlogs that require relief in addition to the centralized screening. Therefore, the regions have discretionary authority to defer beneficiary contact in the FOs of any given State for a period not to exceed 60 days in the MIE and MIP categories of cases containing a diagnosis relating to a mental disorder.

NOTE: *The designations of functional psychotic and functional non-psychotic are no longer used under the new mental rules. These terms reflect how mental cases were designated under the old mental rules.*

A. Initiating the Face-to-Face Interview

In many cases the individual will have received no notice that his/her case would be reviewed prior to the FO come-in letter. Also, the individual will *not* be in current pay unless a subsequent initial claim was approved, the case was covered under a court order or the case was pending in the appeals process in October 1984. Therefore, special notice language is required to call the person into the office for an interview.

B. Face-to-Face Interview

The FO will conduct the face-to-face interview and complete the SSA-454-BK covering the period from 12 months preceding the *cessation* date up to the present time. This differs from the usual CDR require-

ment that the period covered on the SSA-454-BK is 12 months preceding the present date. The FO will also develop any work activity which may have occurred during this period.

C. Processing

Upon completion of the face-to-face interview the FO will process according to usual instructions. The FO will also complete and attach the *CDR Mental Impairment Automatic Review Case* flag before routing the case to the DDS.

D. Special Considerations

Reopened mental impairment cases will be among the first group of CDRs to be processed. Alerts will be generated to identify these cases and provide folder location. Some of the folders will be in the FO because a subsequent initial claim was denied or partially approved and is listed as a code 122 case.

If the folder is in the FO, the alert will be forwarded via SSA-5526-OP-U2 to the FO for association with the folder. Upon receipt of the SSA-5526-OP-U2 and alert, the FO will conduct the face-to-face interview addressing the cessation date, as described previously in this instruction, and forward the folder to the DDS.

If the DDS is not able to make a fully favorable determination, prepare a current determination which revises or affirms the prior cessation date. If a subsequent application was filed, prepare a new determination on the initial claim applying the new mental impairment regulations. Advise the FO of the potential cessation determination before taking action on the new claim. Request the FO to develop insured status and other nonmedical development needed to process the new claim.

Apply the new mental impairment regulations and the MIRS to the prior cessation determination. Process these cases as reopenings. However, prepare a new initial determination which affirms, revises or reverses the prior determination (see DI 23560.020 E.). Full appeal rights apply, including the right to elect benefit continuation. Be alert to special considerations that apply in failure to cooperate, whereabouts unknown or potential suicidal/homicidal behavior situations.

If a fully favorable continuance is prepared, treat the subsequent application as a duplicate claim. It is possible that, in some instances, there will be reason to determine a new cessation date after a fully favorable continuance is processed on the old cessation.

28003.030 Processing Uneffectuated Cessation Determinations (Administrative Errors)

These cases are analogous to rescinded decision cases under periodic review in that:

A. a prior cessation determination was made (at any administrative level),

B. the beneficiary may or may not have been notified, and

C. the cessation was not effectuated and benefit payments were continued.

The prior decisions are not to be rescinded, even though processing is similar.

A projected universe for this category includes fewer than 100 ALJ affirmations and fewer than 200 cessation determinations below the ALJ level.

An administrative decision has been made that new initial CDRs will be conducted on these cases with full appeal rights. The DDS is authorized to make a new determination on uneffectuated ALJ affirmation cases.

Field Office Responsibilities

Special notices will be included in the claims folder for the FO to complete and send to the beneficiary before these cases are sent to FOs for CDR action. The notice will advise the beneficiary of the administrative error which has occurred.

The SSA 5526-U2-OP2 will be annotated with the remark "Uneffectuated cessation determination in file. Process per DI 13003.025." The FO will conduct a regular face-to-face interview and secure an updated SSA-454-BK, medical releases and any other development required.

Upon completion of the FO interview and the SSA-454-BK, the case will be forwarded to the DDS in the usual manner.

DDS Processing

Process these cases as follows:

A. Use the last favorable medical determination as the CPD. See DI 28010.105 for further discussions on the CPD.

B. Apply the MIRS.

C. Prepare a new initial CDR determination cessation with a current month cessation date, unless one of the exceptions applies (see DI 28005.205).

D. Write "VOID" on the uneffectuated determination or ALJ affirmation decision in file.

E. Annotate in "Remarks" (item 11) of the new determination, "This determination, made in accordance with DI 28003.030 VOIDS the determination made_____." (Show date of the uneffecuated cessation determination.)

If a new cessation determination is prepared, the beneficiary has full appeal rights, including the right to elect benefit continuation from the date of the new determination. The beneficiary is responsible only for any overpayment that occurs after the new CDR cessation determination.

If the DDS determination is a fully favorable continuance, treat any subsequent application as a duplicate claim. It is possible that, in some instances, there will be reason to determine a new cessation date after a favorable continuance is processed on the old cessation.

NOTE: *The above process does not apply to cases pending appeal as of October 9, 1984. These are a discreet group of administrative error cases where the cessation determination was not effectuated by October 9, 1984.*

28003.035 List of Exhibits

Exhibit 1	—	SSA-5526-U2-OP2
Exhibit 2	—	SSA-847-U2
Exhibit 3A	—	MIE Alert
Exhibit 3B	—	Decision Review Alert (Unnamed)
Exhibit 3C	—	Decision Review Alert (Named)
Exhibit 3D	—	Decision Review Alert (Reopened Mental Impairment)
Exhibit 3E	—	Improvement Not Expected (MINE) Alert (permanent impairment)
Exhibit 3F	—	Improvement Possible (MIP) Alert
Exhibit 3G	—	EPE Alert

Exhibit 1—SSA-5526-U2-OP2

REQUEST FOR ASSISTANCE—DISABILITY

(Check One) ☐ PRIORITY ☐ REGULAR

DO/BO USE

TO (DO/BO CITY AND STATE)	DDS CODE	DO/BO CODE

CODE

NUMBER HOLDER

O. (SSN, BIC/ARC) ☐ TITLE II ☐ TITLE XVI ☐ TITLE II, XVI

IARY'S OWN SSN

☒ CONTACT ☐ NH ☐ BENEFICIARY ☐ PAYEE Name Relationship

☐ ATTORNEY ☐ OTHER

☒ ADDRESS (include zip code)

☒ TELEPHONE NUMBER (include area code) (___)___-____

CLAIM NO. (SSN, BIC/ARC)

☒ STATUS OF ☐ AWARD EFF ☐ IN CURI

☐ NO AWARD PENDING YOUR ACTION ☐ PYMT DI

FOLLOWS: ☐ LATEST DISABILITY DETERMINATION MADE

☐ BASED ON APPLICATION DATED

☐ DUE TO CDI DATED

☐ DECISION BY DDS

DDS CODE DATE FILE NO

☐ FURNISH STATUS ON ☐ SSA-5526-U3 ☐ MEMO

☐ SSADARS MSG DATED

☐ ADDITIONAL INFORMATION NEEDED TO ADJUDICATE CLAIM

☐ DISCUSS RSI CLAIM, DOB

☐ FIELD CDI NEEDED—MEDICAL

☐ FACE-TO-FACE INTERVIEW REQUIRED

☐ PERIODIC REVIEW

☐ MEDICAL REEXAM DIARY HAS COME DUE

☐ EVIDENCE RECEIVED INDICATES MEDICAL IMPROVEMENT

FIELD CDR NEEDED—MEDICAL

IMPROVEMENT EXPECTED

☐ 01. MRED
☐ 02. BENEFIT CONTINUATION

IMPROVEMENT POSSIBLE

☐ 03. PR
☐ 04. PR MORATORIUM (APRIL '84)
☐ 05. LISTED MENTAL (INCLUDES FUNCTIONAL PSYCHOTIC)

DECISION REVIEW (P.L. 98-460)

☐ 06. NAMED LITIGANT
☐ 07. UNNAMED LITIGANT
☐ 08. REOPENED MENTAL IMPAIRMENT

IMPROVEMENT NOT EXPECTED

☐ 09. PD (LISTED)
☐ 10. PR

OTHER

☐ 11. COURT CASE
☐ 12. EPE
☐ 13. MISCELLANEOUS

CLAIM NUMBER

☒ PROCEDURAL REFERENCES (List)

■ ATTACHMENTS (List) ■ DISABILITY FOLDER ☐ _____

■ FROM ☐ INTPSC ■ ☐ _____PSC-DRS ☐ ODO ☐ MOD_____ ☐ _____

☒ "PARENT" FOLDER'S SSN

■ BY (Print name) ☐ CA ☐ _____

☐ XREF SSN (Optional)

■ FTS NUMBER	■ DATE OF REQUEST	☒ DIARY DUE DATE	☒ TYPE-OF-EVENT CODE

Form SSA-5526-U2-OP2 (7-85) DO/BO COPY

Completion of Transmittal/Data Form

The adapted version of the SSA-5526-U3 should be used to transmit all medical CDR cases to the field. Prepare in duplicate with the following entries (all entries must be printed):

a. DO and State
b. DDS Code
c. DO/BO code
d. Claim Number (SSN and BIC)
e. an "x" in the applicable block for reason for the CDR
f. MOD
g. name
h. FTS Number; and
i. date of request

Staple the oringinal copy to the front of the folder and route the data copy to the consultant.

Exhibit 2—SSA-847-U2

Department of Health and Human Services
Social Security Administration

SSA REQUEST FOR CASE ACTION

TOE CODE | REQUEST CODE

FILE NO | DATE

TO (NAME OF DDS) | DDS CODE

DO | DO CODES

FROM

MOD _____

☐ CO ☐ _____ ROCPS ☐ _____ PSC

CLAIM NO (SSN, BIC/ARC)

TYPE CLAIM (TITLE II)
D/B T2 DNB CDB R CDB L P R P O
☐ ☐ ☐ ☐ ☐ ☐ ☐

INITIAL ☐ RECONSIDERATION ☐ REOPENING ☐ CONTINUING DISABILITY ☐

TYPE CLAIM (TITLE XVI)
D DS DC B1 B3 BC
☐ ☐ ☐ ☐ ☐ ☐

PLEASE TAKE APPROPRIATE ACTION AS INDICATED BELOW

A. Action Requested

1 ☐ Prepare determination as to
- a. ☐ Disability - Form SSA-831-U5
- b. ☐ Continuance or cessation - Form SSA-833-U5

2. ☐ Review - new evidence received subsequent to your determination
3. ☐ Re-Exam Diary, etc. CDI
4. ☐ Periodic Review
5. ☐ Other (see remarks)

B. Case Characteristics

1. ☐ Q C requirement last mar _____
2. ☐ Prescribed period begins _____ and ends _____
3. ☐ Prior denial was on a nondisability factor - a determination as to disability is now necessary
4. ☐ Transfer of jurisdiction under Federal-State agreement (see A.1)
5. ☐ New application after ALJ or AC decision - period ruled on by ALJ or AC through _____

REMARKS

FIELD CDR NEEDED—MEDICAL

IMPROVEMENT EXPECTED

☐ 01 MRED
☐ 02 BENEFIT CONTINUATION

IMPROVEMENT POSSIBLE

☐ 03 PR
☐ 04 PR MORATORIUM (APRIL '84)
☐ 05 LISTED MENTAL IMPAIRMENTS (INCLUDES FUNCTIONAL PSYCHOTIC)

DECISION REVIEW (P.L. 98-460)

☐ 06 NAMED LITIGANT
☐ 07 UNNAMED LITIGANT
☐ 08 REOPENED MENTAL IMPAIRMENT

IMPROVEMENT NOT EXPECTED

☐ 09 PD (LISTED)
☐ 10 PR

OTHER

☐ 11 COURT CASE
☐ 12 EPE
☐ 13 MISCELLANEOUS

☐ CONTINUED ON ATTACHED SHEET

ENCLOSURE Disability File

Form SSA-847-U2 (2-82)

Completion of SSA-847-U2 Form

The adapted version of the SSA-847-U2 should be used to transmit all DR and MINE cases to the field. Prepare in duplicate with the following entries (all entries must be printed):

a. name of DDS and code
b. DO name and code
c. MOD
d. claim number (SSN and BIC)
e. an "x" in the applicable block for the reason for the CDR; and
f. sign and date in the lower right corner.

Staple the original to the front of the folder and route the copy to the consultant.

Exhibit 3A—MIE Alert

OFFICE OF DISABILITY OPERATIONS
CONTINUING DISABILITY REVIEW RESUMPTION PROJECT

MEDICAL RE-EXAMINATION ALERT

SSN:

MODULE: 38

STATE: FLORIDA

DDS: 303

RE-EXAM DATE: 05/84

ALERT PRINT DATE: 08/30/83

Exhibit 3B—Decision Review Alert (Unnamed)

********** CDR RESUMPTION PROJECT **********

--- UNNAMED CLASS ACTION CASE ----------

SSN -

DD CODE - 334

COURT ORDER (CLASS ACTION) - NC

NAME OF CLASS MEMBER - FEN,ANDEL

TYPE OF REINSTATEMENT: II - XVI -

Exhibit 3C—Decision Review Alert (Named)

OFFICE OF DISABILITY OPERATIONS
CONTINUING DISABILITY REVIEW RESUMPTION PROJECT

TITLE II NAMED COURT CLAIMANT ALERT

SSN:

STATE: VT

Exhibit 3D—Decision Review Alert (Reopened Mental Impairment

CONTINUING DISABILITY REVIEW RESUMPTION PROJECT

REOPENED MENTAL IMPAIRMENT

SSN:
DDS: 459
DO: 053

CESSATION
DATE: 01/10

Exhibit 3E—Improvement Not Expected (MINE) Alert (permanent impairment)

OFFICE OF DISABILITY OPERATIONS
CONTINUING DISABILITY REVIEW RESUMPTION PROJECT
PERMANENT IMPAIRMENT

SSN: ___ - __ - ____

DDS: _____

LISTING CODE: _____

KEYING DATE: _____

REVIEWED BY: _____

Exhibit 3F—Improvement Possible (MIP) Alert

REQUEST FOR FIELD INVESTIGATION OF CONTINUING DISABILITY

A **TITLE II** **TITLE II - TITLE XVI** **FILE NO -**

B **TO - DDS** **CODE 300**
DO **CODE 011**

FROM - XXXXXXXXXXXXXXXX

CAN	BIC	COM	RUN DATE
000-00-0000	A	03-83	03-27-83

WAGE EARNER

DISABLED BENEFICIARY OTHER THAN WAGE EARNER **DATE OF BIRTH**

FRANK C SOMEONE 08-28-28

BENEFICIARY ADDRESS DATA

FRANK C SOMEONE
445 SECOND CROWN PT RD
SOMEPLACE NH 00000

C **REASON FOR CONTINUING DISABILITY INVESTIGATION**

PR-CDI INITIATIVES

D **REMARKS** **FLI** **DORMANT 1** **TOE 960**

PAGE 01 OF 01

Exhibit 3G—EPE Alert

EPE -- IMPAIRMENT SEVERITY ISSUE

SSN: _____

STATE: _____

DO: _____

Note: The alert will be filed in the folder. The SSA-5526-U2-OP2 will be used to route the folder.